

# Finding Resilience When Everything is a Threat

## Working Through the Pandemic

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**ABSTRACT** *This article explores clinical protocols and self-care during global crisis, and recognizes the role of Rolfer® Structural Integration (SI): touch, physical presence, and real-time social engagement as an anchor to embodied life. It celebrates our work as a counterbalance to the increasingly virtual/seen-through-screens reality in which we find ourselves. It identifies the required depth and fortitude to continue in our role as somatic practitioners when familiar external structures are uprooted and traumatic experience is rampant.*

### The Global Intrigue

#### Orienting to the Cultural Complexities – A Turning Point

At this writing, in February of 2021, we have all endured a year of unprecedented global calamity related to the COVID-19 pandemic. Everything is in flux. The telecommunications revolution has accelerated exponentially in the past thirty years. Beyond a televised broadcast, the internet now provides instantaneous, person-to-person global communication for the first time in history. It has changed the world. In the background of the pandemic, the speed of commerce and human

exchange is phenomenal. How and where we manufacture goods, how we trade goods internationally, how we educate ourselves, how and where we travel, how we protect our borders, our privacy, our health; who is in charge of global finance, who is profiting at the expense of others, is all changing. The relationship between concentrated corporate power, the authority of governments, and the needs of those governed is growing more visible. The role of elected officials and leaders to keep the populace calm and safe *versus* the role of the populace to keep the greed and power of the leaders in check is all in question. Human rights are being revisited from every direction worldwide.

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This grand social transformation requires personal transformation. Orienting to change insists on having a *place* from which to observe and collect ourselves for right action. As it is deemed necessary that we spend more time in our homes, we come to our bodies to provide us with information about where we exist in space, who else is there with us, and what we need to do to increase our capacity for survival. A turning point necessitates a place from which to begin the turn. On a somatic level, the Rolf 'Line' of gravity that allows smooth mechanical movement through the mass of our body is a good metaphor. When we land in ourselves we remember what we want. It is our desire that initiates the push into the ground and the reach into what's next.

### Fear

Fear is natural and powerful. It is a reflexive response we share with all vertebrates, and is necessary to ensure survival. It is part of the neuroendocrine alarm system to alert us to and protect us from danger. We fear a virus that we are told could annihilate us. We fear the news of a spreading death in our communities. We fear each other's breath, spittle, or close proximity, or touch points on objects. We fear other people's denial of the virus or refusal to obey rules. We fear loss of income. We fear loss of access to help or supplies. We fear for our children's development. We fear loss of friends or family through death. We fear loss of friends or family through mandated inability to congregate, travel, or be with sick or dying loved ones. We fear the mutation of the virus. We wait for the salvation of the vaccine. We fear what the future may bring or ask of us.

Or we may fear that we can no longer count on those in charge to provide us with accurate statistical, scientific, or medical information untainted by political or monetary gain. We may fear that we do not know what is real or true, as there are so

many conflicting 'versions of the truth' from media sources or alternative researchers. We may fear that what we intuit or know to be true is very disconcerting. We may fear the ideas and concerns of our friends. We may fear our annihilation, not by a virus, but by the vaccine, or by those humans in authority over our lives. We may feel betrayed, inappropriately controlled, cloistered, isolated, masked, and silenced.

One way or another we are being fed fear on a daily basis. Whether we are hearing, "Lions, and tigers, and bears! Oh my!" or we are hearing, "Stop. Hey, what's that sound? Everybody look what's goin' down." Something *is* happening here and what it is *ain't* exactly clear! Within the lyrics of that 1960s protest song written by Stephen Stills we read, "Paranoia strikes deep. Into your life it will creep. It starts when you're always afraid . . ." Chronic fear wreaks havoc with our nervous systems. We become 'stuck on ON' in the autonomic/sympathetic response to threat and lose ability to return to autonomic/parasympathetic, "The tiger's gone, it's all OK" mode. Ironically, this chronic fear can negatively affect the ability of our immune systems to ward off pathogens.

### Safety, Resource, and Resilience

I just saw a bumper sticker that read, 'Imagine something going right'. I felt those words warm my heart. I smiled, alone in my car. It was a perfect interruption to dwelling on what next may go wrong. In the sea of masked, semi-depressed or irritable people walking around to take care of essential business I'm fortified by the occasional grocery clerk who seems to be cheerfully taking it all in stride. These 'serotonin donors' among us, undaunted by the bigger picture, sewing masks, switching to Zoom and FaceTime mode, cleaning their closets, emailing excellent pandemic humor that

has served to encourage and amuse us all, must be celebrated as heroes.

To bounce back from the fear and to use what tools are available in order to recreate safety and to continue onward in life, is the essence of our humanity. Resource is what feeds us. Some may seek resource by defending their rights and protesting in the streets, others may seek resource by laying low and doing what they are told until the storm passes. Resourcing behavior may not look the same from person to person, so it can seem divisive. The urge to create safety (which includes justice) and to carry on bravely unifies us, stabilizes us and gives us purpose in our capacity to be of service to one another. Imbalance precedes finding new balance. Can we trust that homeostasis, or self-regulation, is inherent in the greater culture? Can we feel even just a little of that trust in our beings so our bodies can relax a bit?

### In the Trenches – Taking a Breath

Back in the Rolfing office we have been faced with numerous issues. The phone stopped ringing as clients responded to the cultural message that it is not safe to be touched or to be in close proximity to anyone outside our homes. We, in turn, felt unsafe letting the public – *who have been where? doing what? with whom?* – into our offices in close proximity to us. We were expected to follow new state mandates for operation of our businesses. Medical authorities deemed that it was necessary to stay six feet away from each other, wear masks, sanitize surfaces, quarantine after travel or exposure, and wash our hands frequently. There were immediate choices we had to make if we wished to continue to work – *should* we have the opportunity. First, we had to determine what risks we, as Rolfers, were willing to take. Could we afford to not work? Was it time to train in another profession, go back to school, stay home with the children, or retire? Could we tolerate the rigors of mask wearing and repeated sanitizing to keep safe and keep working?

Just as the pandemic began, I had read the book *Breath* by James Nestor (2020). It presented the importance of breathing freely through the nose, and the disastrous results of mouth breathing. The science graphically reveals the role of mouth breathing in adversely changing the

shape of the airways, shrinking the mouth, narrowing the dental arch, and creating crooked teeth, poor occlusion, mood disorders, learning disabilities, blood pressure derangements, etc. I wondered, “Is it possible to have clear open nasal breathing when masked for long periods of time?” Even just to accomplish essential business outside the house, mask-wearing required overriding a variety of odd sensations: pressure on the ears, fogged glasses, itchy nose, and tedious ear-strap conflict with glasses, hats, hair, or perhaps hearing aids – *as well as the inability to breathe freely*. I found this child’s chalk drawing that struck me like archetypal poetry in a park in 2020, bright blue mask, shouting face like a note pinned to the coat, and the figure balancing on a globe with a diagonal *no* line through it (see Figure 1). Most of us who are attracted to bodywork as a profession are innately gifted in experiencing sensation. When we have spent years cultivating our sensate abilities, attempting to ignore these extraneous annoyances while working with our clients requires uncommon skills.

To work all day in a mask seems to require the sensory-integration flexibility of a good herding dog who can hear and respond appropriately to three different whistle commands across a windy acreage, and can then walk off-lead at heel along a busy road in a cacophony of traffic noise, undaunted. The dog can adjust. The fine-tuned sensibility can be turned off and on. Are we capable?

## In the Trenches – Social Engagement

Beyond the *sensory* nightmare of wearing a mask, I found wearing a mask while relating to a client challenging on a level of social engagement. I learned that I ‘listen’ with my ventral vagal system which sensitizes the face, throat, and chest. This kind of listening enhances the subtleties of meeting a client on an *emotional* level. Behind a mask, whether during the intake exchange or at the table, I felt there was a dampening of my ability to receive subtle information from my client. I felt that our glances or facial expressions, when dependent solely on the eyes, were interrupted and potentially misread. The *vagus* nerve exits the cranium at the base of the brain, acts upon the heart, and joins the function of the autonomic nervous system to regulate activation of the alarm system. The ventral or anterior half of the

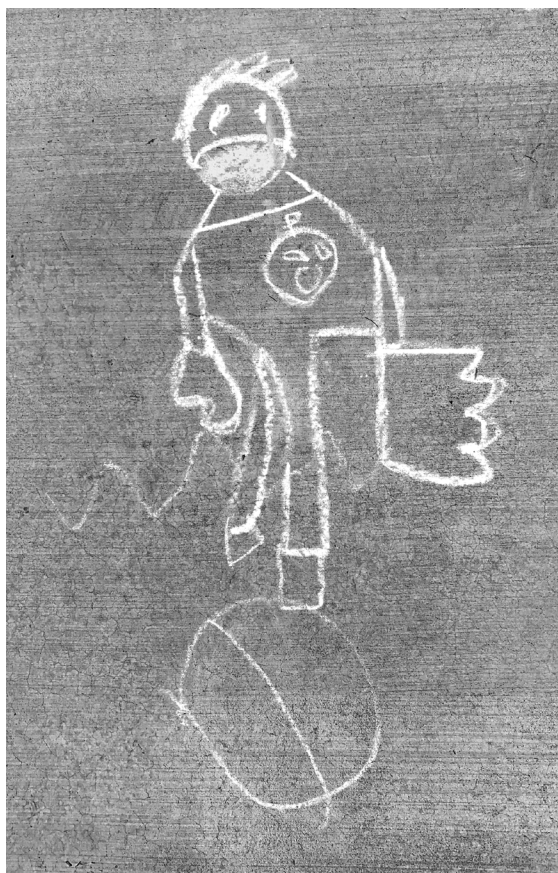


Figure 1: A child’s chalk drawing in a park in 2020. The body of the person is drawn in pink, the mask is bright blue, the globe they are standing on is white, and face on the chest is orange.

nerve regulates social awareness (above the diaphragm) and serves to identify who is there with us, who might help, or hinder, our survival efforts. The dorsal or posterior half of the nerve educates the enteric nervous system, (below the diaphragm) providing a gut response. Dorsal vagal collapse is the state that becomes evident when fight or flight options have expired and we drop into a freeze state.

Despite these concerns, the general population had received the mandated message and had collectively agreed to, ‘Err in the direction of caution’. Some agreed begrudgingly, some with fear-based aggression. Given the potential threat of becoming a culture deadened by years of breathing impairment and social engagement confusion, I questioned if in the long run the virus was not the worst outcome here, and whether masking was, in fact, erring in the direction of caution. But even when some thought that a bandana in relation to a virus was like throwing sand through a chain-link fence, masks were mandated. End of story. You socialize; you mask. Since our work involves close contact which could influence public health, and can’t be

transferred to teleconferencing, we had to mask while working – or put ourselves at risk of noncompliance or disease.

## Recognizing Traumatic Response in Clients

Next, we had to determine what risks *our clients* were willing to take. I worked with a client who wanted help with a twisted foot. He was so anxious about contracting the virus that he insisted we work with the doors and windows open and would not let me work on any part of his body beyond his feet or walk past him to go to wash my hands. Given that what I felt was off in his heel might be coming from his sacrum, I let him know that perhaps the risk of coming to a practitioner in this time was creating more challenges than it was potentially correcting. We agreed to wait for further hands-on work and I gave him a self-help regimen.

The ‘traumatology’ of the COVID-19 outbreak might be categorized as a *global, high-intensity* event – in slow motion. Global high-intensity traumas are those in which everyone and everything is suddenly in crisis, as in a tsunami, or an explosion.

In this type of trauma, instantly, there is nowhere to run, nowhere to hide, with minimal resource to turn to. This pandemic shared all of those characteristics, but with the irony of everything seeming mysteriously normal, for the most part. For those of us fortunate enough to have secure residence, even if there were two adults and several children trying to work and go to school while sheltering at home, there was a cuddled safety along with an explosion that threatened to erode the external structures on which we depended for survival.

What was instant and intense, however, was global data and real-time media coverage that sensationalized every detail and gave us steady ‘game-show’ number counting graphics, which served to amplify statistics as well as anxiety and had many people terrified, anticipating an encroaching ‘Blob That Ate Cleveland’. Hopefully, after months of this, with terrors slowly subsiding, more of us can return to work. As we start to see clients for structural work, honing our skills in recognizing traumatic response and preventing re-traumatization, in ourselves or our clients, will be useful.

### Protocols

Preventing re-traumatization starts with clarity of protocols *before* the client arrives in the office, so a boundary is felt *not* as a defensive barrier, but as a place where you can meet in agreement. In the initial phone call requesting a session, be willing, or have your scheduling receptionist be willing, to discuss anything special the client needs to feel comfortable, and create that agreement *before* they arrive. To avoid surprises, which can flare anxiety, it is wise to state your safety practices. You might start with your own habits of social distancing, limited social gathering, minimal essential outings, or whatever *you* feel comfortable sharing about your adherence to ‘safe’ behavior. Let them know your specific office sanitation regimens, assuring them of clean linens, sanitized touch points, HEPA filter use, or the reality of what *you* choose or refuse to employ in your office.

Let them know exactly what will or will not be expected of them, like wearing a mask, or receiving a temperature test. Signage at the office entrance reiterative of the specifics discussed on the phone is also reassuring, so the session can be more about Rolfing SI and less about anxiety. As a negative example, when going to an appointment mid-2020, I experienced a medical assistant burst through a closed door while pointing her temperature-taking gun to my head with such thrust that my service dog refused to allow me to enter the building! Smart dog. Poorly trained receptionist.

After the client arrives in your office it may be a good idea to allow a little more time at the beginning of the session to discuss, not only the physical/structural issues that brought them to your office, but to grasp how the pandemic has impacted them. Have they lost a family member? Have they suffered from lack of medical care, or some other hardship? Are they angry about the whole mess?

### Noticing Resources

Also listen for what *resources* have been available to them. Perhaps they have been thrilled to be working on Zoom in their homes and no longer traveling in traffic to get to work, or delighted that they were forced to retire which led to their playing the piano again, or happy for more intimate family time, or grateful for unemployment/stimulus checks. Perhaps they are relieved to have just received the vaccine, or glad to be back in your office. If you sense there is a lot of *charge* in their nervous system, even if they are speaking of positive experiences, you might cue them to notice how or where they feel the relief or delight in their physical being, so you have that somatic message to feed back to them should there be a moment of discomfort or overstimulation during the session. This is a way to pendulate between the sympathetic (fear alert) and the parasympathetic (calm) responses of the autonomic nervous system to assist in building resiliency. For example, a person who appears to be coping just fine, but is seeking your care for help with alignment

after a slip-and-fall accident, may suddenly have tears or shaking, which may be evidence that all of that good coping was derailed, by the fall and then again by the realignment from the fall. At that point you might suggest: “As you are feeling these tears (or experiencing this quivering), see if you can *also* remember the quality in your chest you described when you play the piano” (using their resource words). This simple verbal cue spreads out sensation awareness to include more than the contraction related to the trauma of the fall. Then, not only is the structure realigned, but the autonomic nervous system re-regulated as well. This allows the body to fully ingest the structural change, integrate it into the client’s movement, and encourage a return to ‘blueprint specifications’.

### High Activation

If it seems there is a lot of *charge* or *activation* present in the nervous-system, slow down. Less is more. You will accomplish more on a structural level by including awareness of nervous system or social/emotional response. Time for silent, still touch, or time to move away from the table, letting the client know you are giving them a moment to ‘digest’ without the touch of your hands, can be useful. Returning to contact places previously touched, with a neutral hand, can create a better sense of containment, whole-body awareness, and integration. Switching to seated work with the eyes open – even if returning to supine-lying afterward – can bring a better sense of adult processing in present time versus vulnerable infant or long-ago memory processing.

You may register those clients who live alone with minimal social input (even before the pandemic) may be – even unbeknownst to them – missing the nourishing nuances of social engagement. The loss of facial contact with grocery store clerks, or restaurant staff, has been greatly impacted by mask wearing and business shut-downs. In this case you may see if it feels safe to both of you to work without masks, or to even stand six feet apart and look into each other’s faces briefly. Prolonged mask wearing may flare issues related to being seen or hiding, with related structural *gestures*. Look for those whole-body *gestures*, for example, subtle cringing, withdrawal, or vapid qualities. Clients who have had a challenging history involving masked

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medical personnel may be affected by seeing ‘the enemy’ everywhere during the pandemic, so simple structural work may release greater activation (shivers, verbal chatter, or reactivity of any sort) than it would have prior. Clients used to teleconferencing, even though they seem fine about that and glad of the social contact or type of intimacy it brings, may respond well to having at least brief visual contact with your full face. Seeing flat images of faces on screens invites studying eyelashes, hairstyles, corners of mouths, skin aberrations, or the distraction of seeing our own face while we see theirs. This is a huge contrast to sensing into the full physical-soul-being presence of a person who stands before us. If you do negotiate a mask-less moment you may wish to bring attention to the three-dimensionality of being an object in space, experiencing the room. Attention can be directed to noticing how you are gathering information about each other on many levels as you look at one another and what amount of conscious relating feels comfortable.

As Rolfers, we represent a bridge to physical sensation and social contact in real time. I often say to myself as I first touch a client’s body, “We are here and this is real.” Are these agrarian, mammalian qualities, which inform both our connection to the Earth and our relation to each other’s faces, growing obsolete? Remember John Naisbitt’s book, *Megatrends* (1982)? He suggested that where there is ‘high tech’ there needs to be ‘high touch’. Here we are.

### Pacing the Cage and Other Useful Exercises

I found myself in restless states during this past year and instead of distracting myself with another focus I stayed with the quality of the experience. What did this charge want me to do? I began to move through my house, this cage in which I was contained. “Pacing,” I thought, “It could speak of anxiety, yet they walk consciously in meditation workshops . . .” I began to use it as a discipline. It did not involve relating to other people, or to the masked throngs, or to thought, or to tasks. It related to finding resource in my home, my body,

my center, the light that moved through the house, the things that I had collected there that pleased me. I could adjust the pace of the pacing, the quality of my steps. It became a practice to cope, a waiting that included moving, a frustration release that included gratitude. This reminded me of times I had encouraged highly traumatized clients to look out into the environment and simply name objects – “door,” “carpet,” “chair,” “tree” – as a way to bring themselves back to present time and integrate their sensory intake with language. As we wait for the world to ‘get back to normal’ or to evolve to a more tolerable reality, we can invent new strategies for ourselves, and find useful exercises to share with our clients.

### What’s Next?

When our new world unfolds, I’m curious to see if touch therapies will thrive again and be valued with even greater reverence. I’m curious to see if the demographics of our practices will shift. Will we be simply a service class to the rich? I remember in my initial training there was mention that Dr. Rolf had suggested our donating a portion of our work back to the community to allow people who might not be able to afford the current market-value rate to experience SI. There may be more opportunity for that charity, and a lot more people who need to find their feet, land into gravity, and look out with fresh vision, a gift that Rolfing SI has consistently given.

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### References

- Naisbitt, J. 1982. *Megatrends: Ten new directions transforming our lives*. New York: Warner Books.
- Nester, J. 2020. *Breath: The new science of a lost art*. New York: Riverhead books.